

215037896
60625

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 035	Agency Case No. B5-086317	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1							
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 09/17/2015		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (In Military Time)		STATE USE ONLY							
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1515	POLICE NOTIFIED 1523	09/17/2015							
B	87	ROAD ON WHICH ACCIDENT OCCURRED		STREET/ HIGHWAY NO. O St	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE							
C	1	DISTANCE FROM MILEPOST	FEET	N S E W	OF MILEPOST	HIGHWAY NO.							
D	2	IF AT INTERSECTION		IF NOT AT INTERSECTION									
V1/M	10	NAME OF INTERSECTING ROADWAY					265.00						
V2/M	01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN											
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO							
F	1	VEHICLE NO. 1											
V1/N	1	DRIVER LICENSE NO.	H13760502	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE							
V2/N	1	DRIVER	JOAQUIN A GUTIERREZ	PHONE	4024176026	LOCAL NO.							
G	4	DRIVER ADDRESS	4911 BOECKNER AVE, LINCOLN, NE 68516	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	05/05/1997							
H	2	OWNER	SALATIEL JUAREZ (3-27-78)	PHONE	4028407629	LOCAL NO.							
V1/O	1	OWNER ADDRESS	4911 Boeckner Ave, Lincoln, NE 68516	CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB478454							
V2/O	1	LICENSE PLATE	PA NO. TVT338	YEAR (Plate Expires)	2016	STATE (Of Plate) NE							
I	1	VEHICLE	2000	MAKE	Acura	MODEL	3.2TL	BODY STYLE	4 door Sedan	COLOR	silver / chrome	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 1000
J	01	VEHICLE ID NO. (VIN)	19UUA566XYA053092	INSURANCE COMPANY	American Family Mutual	POLICY NO.	232379100675FPPANE						
K	01	VEHICLE NO. 2											
V1/P	1	DRIVER LICENSE NO.	H13676875	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE							
V2/P	1	DRIVER	JACEY N HIER	PHONE	4024180144	LOCAL NO.							
V3/P	1	DRIVER ADDRESS	5340 R ST APT 10, LINCOLN, NE 68504	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	08/22/1997							
V4/P	1	OWNER	DEBRA L HIER (11-7-63) / Kelsey Hier (8-4-93)	PHONE	4028263507	LOCAL NO.							
V5/P	1	OWNER ADDRESS	5340 R ST #10, LINCOLN, NE 68504	CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.							
V6/P	1	LICENSE PLATE	PA NO. SUG977	YEAR (Plate Expires)	2016	STATE (Of Plate) NE							
V7/P	1	VEHICLE	2001	MAKE	Ford	MODEL	Explorer	BODY STYLE	Medium/large	COLOR	green	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 500
V8/P	1	VEHICLE ID NO. (VIN)	1FMU70E01UB02903	INSURANCE COMPANY	Progressive	POLICY NO.	13606443						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)													
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX				
				Seat Position	Eject	Body Region	Injury Sev.	Trans.	M F				
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.									
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX				
				Seat Position	Eject	Body Region	Injury Sev.	Trans.	M F				
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.									
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX				
				Seat Position	Eject	Body Region	Injury Sev.	Trans.	M F				
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.									

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-086317

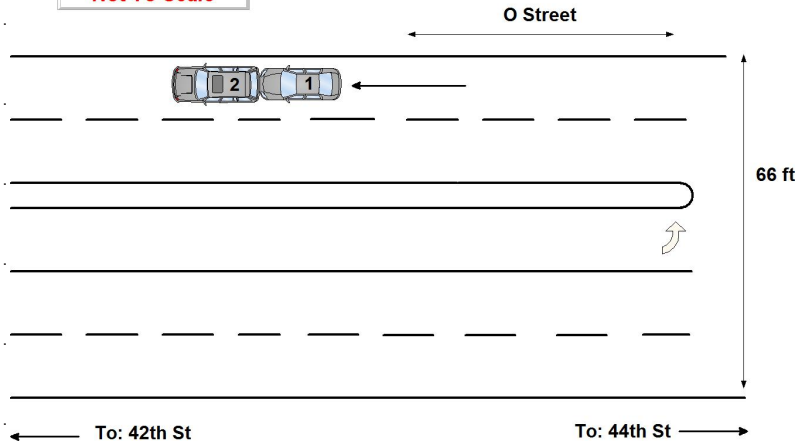


Indicate
North
by Arrow



APOI (Veh's moved prior to
Ofc's arrival):
7' - S of N curb of O St
265' - W of W curb of 44th St
All measurements approx.

Not To Scale



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Dr1 stated he was operating a motor vehicle traveling westbound in the outside lane on O St, between 44th St & 42nd St, at a reported speed of 25 mph. Dr1 stated he 'looked up' to see traffic stopping quickly in front of him and he hit the brakes. Dr1 stated he was unable to stop in time and a collision occurred. Ofc asked Dr1 if he was looking down prior to the accident and Dr1 quickly stated he was looking at his girlfriend in the passenger seat just prior to the accident and was not looking down. Dr2 stated she was operating a motor vehicle in the outside lane on O St, between 44th St & 42nd St, and had stopped quickly due to a vehicle stopping suddenly in front of her behind a StarTran bus that had stopped to pick up a passenger on O St (just west of 44th St). Dr2 stated she was rear-ended from behind by Veh1.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS																									
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	(Enter numbers for each vehicle)																															
1				X	O St			4		2		<table border="1"> <tr> <th>ALCOHOL TESTING</th> <th>Driver No. 1</th> <th>Driver No. 2</th> <th>Pedestrian</th> </tr> <tr> <td>Y</td> <td></td> <td>Y</td> <td>Y</td> </tr> <tr> <td>N</td> <td>X</td> <td>N</td> <td>X</td> </tr> </table>				ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	Y		Y	Y	N	X	N	X										
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Y		Y	Y																																		
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N	X	N																																			
1	01	06 Turning left				MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	<table border="1"> <tr> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> </table>		1	2	3	4	5	6	1	2	3	4	5	6	<table border="1"> <tr> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> </table>		1	2	3	4	5	6	1	2	3	4	5	6
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1	2	3	4	5	6																																
2	11	08 Entering traffic lane								<table border="1"> <tr> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> </table>		1	2	3	4	5	6	1	2	3	4	5	6	<table border="1"> <tr> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> </table>		1	2	3	4	5	6	1	2	3	4	5	6
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1	2	3	4	5	6																																
01 Essentially straight ahead				09 Leaving traffic lane				02 Backing		10 Parked		03 Changing lanes																									
02 Backing				10 Parked				03 Changing lanes		11 Slowing or stopped in traffic		04 Overtaking/ Passing																									
03 Changing lanes				11 Slowing or stopped in traffic				04 Overtaking/ Passing		12 Other		05 Turning right																									
04 Overtaking/ Passing				12 Other				05 Turning right		13 Unknown		06 Turning left																									
05 Turning right				13 Unknown				06 Turning left		14 Unknown		07 Making U-turn																									
06 Turning left				14 Unknown				07 Making U-turn		15 Unknown		08 Entering traffic lane																									
07 Making U-turn				15 Unknown				08 Entering traffic lane		16 Unknown		09 Leaving traffic lane																									
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10 Parked				18 Unknown				11 Slowing or stopped in traffic		19 Unknown		12 Other																									
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13 Unknown				21 Unknown				14 Unknown		22 Unknown		15 Unknown																									

OFFICER NO. 1642	TROOP/ TEAM/ BEAT SE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Jacob Wilkinson		INVESTIGATOR SIGNATURE Approved by Officer Jacob Wilkinson	DATE OF REPORT 09/17/2015